

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>W</i>	<i>62814</i>	<i>10/01/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-4-00</i>
FORMALITY REVIEW	<i>TN</i>	<i>7810</i>	<i>11 02 00</i>
RESPONSE FORMALITY REVIEW	<i>10x</i>	<i>907</i>	<i>3-28-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	10/03/00
2	10/11/00
3	05/02/01
4	7/02/01
5	1/05/01
6	9/03/01
7	4/05/01
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22	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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